July 2005
Volume 7 Issue 7

UOA Jacksonville Chapter #211

The Mailbag

Meetings are held at the Baptist Medical Center
8th Floor - Meeting Room C - 3rd Sunday of each month 3PM

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Inside this issue

Please plan to join us
Sunday July 17th
starting at 3 p.m.

2005 UOA
National
Conference
August 3-6
Anaheim, CA
www.uoa.org

A MESSAGE FROM THE PRESIDENT

I would like to thank everyone for attending our June's meeting.

I know things may have gotten confusing with the National United Ostomy Associations letter that was sent out after our newsletter. I want to clarify some things. We are still going to continue business as usual. We will still have our monthly meetings on the 3rd Sunday of the month. We just can't use the United Ostomy Association, Inc. and it's logo after September 30, 2005. As the letter stated anyone who has put his or her dues in earlier in the year will receive their last Ostomy Quarterly magazine in October. But I cannot stress it but **WE ARE STILL GOING TO BE A "SUPPORT GROUP"**. Patti with Medical Care Products has stepped up to the plate and will be our sponsor. She has already in the passed done a lot of our sponsoring. She puts out the newsletter, which by the way will not stop. We cannot collect dues or donation for our support group. At the meeting, we discuss a few topics and at the July meeting when Patti will be there we will go ahead and discuss the following:

1. What to do with the monies in our checking account that must be closed by September 30, 2005.
2. We need to come up with a name for our "support group"

In order to discuss and decide what to do we need all of you that can attend to attend. Paul from Hollister will be our speaker for July 2005 so I hope we have a great turn out.
We have also decided that everyone bring their own drinks and snack if they want too. We discussed that I was basically just giving away the drinks and throwing the food out because it was not getting ate up so we had a suggestion for everyone to just bring their own. I know a lot of you would prefer water, which I can easily make that available at the meeting cause Baptist has ice and water. As for the door prizes and the 50/50 we are going to suspend this for a while.

If you have any further questions, regarding any of this information, feel free to call me at (904) 422-8165 my cell its easier to get me and I will gladly discuss this with you. I think that it is great that Patti has agreed to help us stay up and running. I will do what I can to help our new ostomates in any way I can, as long as you want me to continue. If anyone wants to be the new contact, please step up and talk to Patti or I and we can go from there.

Thank you for your understanding and I do look forward to seeing you on **July 17, 2005** at Baptist Medical Center in Downtown Jacksonville, Florida 8th floor Function room C at 3p.m.

Once again, thank you for your cooperation in keeping this organization active because without YOU there would not be help for ostomates in this area. Thank you.

Brenda L. Holloway, Vice President Eugene Summerville, President

MEETING WILL BE THE 3TH SUNDAY
JULY 17, 2005

“LIVING LIFE TO THE FULL”

Dear Member Countries

I am delighted to announce that the World Ostomy Day 7 October 2006’s theme will be

“Living Life to the Full”

I am relying on each country through their region to begin advanced planning to make sure this is a great success. The impact of your efforts ,to publicise “Ostomy” will ensure_more ostomates worldwide have the opportunity to “Live Life to the Full”.

Coloplast have revised their “Coloplast Award” and this will now be carried out on a Regional basis. Look for their announcement on this.

Every effort will be made to encourage and help you with your participation.

I look forward to working and sharing with you in the 18 months ahead.

Yours Sincerely

Barry Maughan
WOD Coordinator
http://www.ostomyinternational.org/contactsouthpacific.htm

WORLD OSTOMY DAY

We will be sending out to you over the next couple of days, further details in regard to World Ostomy Day.

It is appreciated that Coloplast decided to continue sponsoring the WOD Merit Award with a different prize structure. The Associations will be evaluated in three separate groups (Americas, Asia and South Pacific, Europe)

In each group the winner will receive 2500 USD, the first runner up 1500 USD.

The judging will involve the respective Regional Presidents and will be carried out at the last EC meeting before the Congress. All participants will receive a Participation Certificate.

The winner will be announced at the World Congress.

A WOD Co-ordination Committee will be constituted, which will prepare the e-mail chain and update the Time Line. Our Regional Presidents have been asked to nominate the regional co ordinators and give this information to Barry Maughan, WOD Coordinator. It is advisable that co-ordinators responsible for the realisation of the e-mail chain will be nominated in each country.

Stu Schaefer is looking into the possibility to follow up the travel of the e-mail message around the world on the IOA website.

Fresh information on the WOD 2006 will be posted on the IOA web page as well as sent out electronically to all our presidents of national organizations.

The WOD Co ordination Committee will gladly accept all suggestions for the spreading of publicity for the WOD. Please be in touch with us with any ideas that you wish to share with us.

As soon as we have the detailed information from Coloplast, it will be sent to you.

We are pleased that Hollister Incorporated has again provided us with the WOD logo. If you wish a JPEG of the logo, please get in touch with Stuart Schaefer, http://www.ostomyinternational.org/webmastercontact.htm
our Webmaster.

I am looking forward to the activity associated with World Ostomy Day and wish you all success in promoting awareness of ostomy surgery in your own particular area as well as nationally and internationally.

Good luck!

Di Bracken
IOA President
http://www.ostomyinternational.org/contact1.htm

Register Online

2005 UOA Young Adult Conference
http://www.uoa.org/events_yan.htm
August 3-6 • Anaheim, CA

Diets And Ostomies - What's Safe?

by Terry Gallagher; via Vancouver (BC) Ostomy HighLife and Metro Halifax (NS) News

Dieting holds special risks for some ostomates. Before I go into this further, let me stress that I am talking here to those with urostomies and ileostomies as well as, to a lesser extent, those with transverse and ascending colostomies. If you have a sigmoid colostomy, then you can basically do what you like with regard to diets, within reason and common sense, as your digestive system behaves as 'normal.'

Before starting any diet, it is well worth seeing one's own doctor to discuss the suitability of the prefered diet with him or her because of the problems which dieting can cause as well as any underlying other medical conditions which may make dieting or a particular diet hazardous.

Let's look at the problems in more detail. The urostomate has special requirements to avoid dehydration so, provided that the urostomate doesn't cut back on fluid intake, then they, too, can generally diet as they wish. The guide for the urostomate, remember, is at least 3 litres (about 12 glasses) of fluids per day. However, any urostomate who has short bowel syndrome because of the surgery to make the ileal conduit needs to take the same precautions as an ilestomate as set out below.

The ileostomate has lost the ileocecal valve at the end of the ileum where it joins the cecum and the colon. This valve slows down the transfer of food from the terminal ileum (the last part of the small intestine) into the cecum to allow for greater absorption of food through the ileum. With the loss of the valve, food passes through the system faster so the food is less well absorbed. In addition, the colon absorbs mineral salts such as sodium and potassium as well as water from the stool. While the ileum takes over some of this role, ileostomates still lose ten times as much sodium and potassium as a person with all or most of a colon. These factors together provide the key to the problems which some diets may cause.

The Atkins Diet is very high in fat. Those ileostomates like me who occasionally (who am I kidding...too often is probably more accurate in my case!) eat a high fat meal know that we will have very runny output which floats because of the high fat content. It's called steatorrhea. The stool also tends to be frothy from trapped gases.

The food passes through the digestive system much faster than normal as it is lacking in fiber which gives the intestine something to 'push' against during peristalsis -- the wave-like movements of the walls of the intestine which move the food through the digestive system -- as well as being well 'lubricated' by the high fat content. The problem with this is that the rapid passage of this fatty food means that not only are essential nutrients in terms of proteins not absorbed, but the vitamins and minerals are not absorbed either, leading to malnourishment. One vitamin which is fat soluble and can cause problems is vitamin K. Vitamin K is necessary for the production of blood clotting factors and proteins necessary for the normal calcification of bone. Because vitamin K is fat soluble, the fat malabsorption caused by its rapid passage through the ileum may result in the person becoming deficient or short on vitamin K. The very fatty liquid stool just rushes through the ileum so that little is absorbed of essential nutrients. This also overloads the pancreas and can cause problems there.

The Atkins Diet, being high fat, can produce chronic steatorrhea in the ileostomate so that the person rapidly becomes deficient as well as lacking protein. Dehydration is also a problem as water forms an emulsion with the fatty stool and is less well absorbed. If this diet is continued, the person may suffer protein deficiencies as well as osteoporosis through the vitamin K problem mentioned above.

The recommendation from the medical profession for ileostomates and those with short bowel syndrome from their surgery (perhaps through adhesion removal) is to diet by reducing food intake of both fats and carbohydrates, especially simple carbohydrates such as sugar, while taking care to maintain hydration by drinking plenty of fluids. For example, baked potatoes are complex carbohydrates with virtually no fat. Add low fat cottage cheese and a helping of mixed salad (for me, lettuce, tomatoes, cress, beetroot, sliced peppers, etc.- you get the idea!) and you get a meal which is both low fat and low carbohydrate and also full of fiber along the South Beach Diet lines.

The Atkins Diet isn't suitable for ileostomates as there are too many risks of malnutrition causing unhealthy weight loss produced by loss of needed body tissue and lack of vitamins and minerals, as well as the risk of dehydration. A low fat, low simple carbohydrate with reduction in complex carbohydrates diet together with plenty of fluids is the safe way to lose weight.

http://www.uoa.org/events_conference.htm

Sports After Ostomy Surgery

from Swiss Ostomy Website; via S. Brevard (FL) Ostomy Newsletter

There is no reason to reduce sports activity just because one has had ostomy surgery, though there are some common sense considerations that should be utilized:

A tight and strongly-sticking pouch is absolutely necessary. There is no need to do anything extraordinary. One should try to keep one's pouch reasonably empty. One must consider the physical shape one is in, plus the day-to-day ostomy management.

Avoid sports with high risk of injury, such as boxing. If you insist on contact sports, and some still do, protect yourself. There are manufacturers of special stoma guards which will permit you to do just about anything. Do not allow the stoma to keep you from doing any activities you wish. Of course, if you are 120 years old, you may want to limit your sports activities to those your body would ordinarily tolerate without a stoma.

A sport that stresses your abdominal muscles too much should be avoided, unless you have slowly and deliberately, under the guidance of a knowledgeable professional, built up these muscles to the point where you can easily perform the skills necessary without undue exertion.

When playing ball games such as tennis, you may want to cover or in some way protect your stoma. There are vendors advertising in the Ostomy Quarterly that sell stoma caps and stoma guards.

Check your pouch after a strong physical effort. A change of pouch may be necessary due to perspiration and movement. We all get less wear time due to any kind of physical activity. It is better to change the pouch after an exciting, active day than relaxing, yet not putting a strain on your equipment.

Before you go swimming, make sure your pouch is secure and empty. There is no reason that having an ostomy should keep you from swimming. Some people may need to take extra steps, though. If your skin is oily, tape your pouch with pink tape, rather than taking a chance.

Many ostomates water and snow ski. They only take normal, common sense steps when active. The newer ostomy equipment with advanced adhesives works pretty well on its own. Specialty stores have specific swimming wear for ostomates, which are higher cut, with a pocket for the pouch.

In summary, have fun, do the sports you like. You do need to use some common sense, protect your stoma from injury, then go out and do it.

It Happened One Night

by Theresa Murphy; via North San Diego County (CA) Ostomy News; and Chippewa Valley (WI) Rosebud Review

It's been 25 years since I had ileostomy surgery and more than 20 since I had a blockage. Not a bad record -- I'll take it! Alas, I slipped up recently and ate my lunch in too big a hurry, and worst of all, I had not been getting enough fluids for a couple of days when it happened. Yes, a blockage.

Throughout the evening, I tried the usual home remedies: warm bath, drinking hot tea, massaging the abdominal muscles, and several others of the suggestions that come from our ET nurses, but to no avail. Finally, I had to decide whether to continue these home remedies or go to the emergency room to get help before things got worse. Yes, of course these things happen at night, not during the day when you could get help from some source other than the ER. So, at 11 p.m., I was describing my symptoms to the ER admitting desk receptionist. Four hours later, with the aid of a shot to completely relax the muscles and small bowel, I went home painless and with a functioning ileostomy. No surgery, no overnight stay. Whew!

The reason I bring up this experience is to point out several things that all persons with any type of ostomy should incorporate into their care. I have read these admonitions for years and have advised new patients in visits and in our monthly support group meetings to do these things. I did them in my early years as an ostomate, but have failed to follow these important guidelines as my ostomy experience has matured. I paid the consequences that night recently, but have set forth to do all of them from now on.

First, chew all foods thoroughly; avoid rushing through a meal.

Drink plenty of fluids all through the day, every day. Keep an extra change of your pouching system packed and ready to go -- you know, the one you carry around with you "just in case." You will even need this change if you go to a hospital.

Keep a written description of your pouch-changing procedure and the product names and numbers for your favorite pouching system. Include a description and any particulars of your physical condition which may be needed by healthcare professionals. Example: "Total colectomy with end intestinal ileostomy; rectum closed; no rectal temperatures; must wear pouch at all times; no irrigations (except for lavage performed on the advice of a colorectal surgeon or ET nurse)." Should you become separated from this written description, you need to be able to tell the healthcare professionals what you have.

Don't assume the healthcare professionals will know all they need to know just by being told you have an ileostomy.

Establish yourself as a patient with a highly qualified colorectal surgeon, even if you are many years post-surgery. Put the surgeon's name and phone number on your written information.

Establish yourself as a patient of a qualified ET nurse. Just as you still have need for a surgeon to call on, you also have need for an ET nurse to call when you need management advice.

Ostomy Chat Room Weekly Meetings

Yahoo Peoples with Ostomy2* - Mondays, 8:00 pm US Central time
http://clubs.yahoo.com/clubs/peopleswithostomy2

StuartOnline Ostomy Chat* - Tuesdays, 8:00 pm US Central time
http://www.stuartonline.com/id10.html

Community Zero (Ostomy) Support* - Wednesdays, 9:00 pm US Eastern time
http://groups.yahoo.com/group/ostomatessupport/

Shaz & Jason's Chat* - Saturdays, 8:00 pm UK time / 3:00pm US Eastern Time
http://www.ostomy.fsnet.co.uk/chat.html

Yahoo UK Ostomy Support* - 1st & 3rd Sundays, 8:00 pm UK time / 3:00 pm US Eastern Time
http://clubs.yahoo.com/clubs/ukostomysupport

Use this form to join our chapter! **You do not have to be an ostomate to be a member and/or support the work of UOA. All information on this form will be kept confidential.**

Name____

Address ____

City ______________________State _________Zip _____________

Phone# Home _________________ Work# ______________________

Email Address ___________________________

Type of intestinal or urinary diversion: Colostomy __ , Ileostomy __, Urostomy __, Ileoanal Pull-thru __ Continent Ileostomy __, Continent Urostomy __, None __, Other __

You may use my name in chapter Newsletter & Directory: Yes __ No __

Mail to: Patti Langenbach, Treasurer, UOA Jacksonville Chapter ,
PO Box 10239 Jacksonville, FL 32247-0239

United Ostomy Association , Inc
www.uoa.org

MEETINGS ARE HELD AT THE
BAPTIST MEDICAL CENTER
8TH FLOOR - MEETING ROOM C -
3RD SUNDAY OF EACH MONTH
3PM

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PO Box 10239
Jacksonville, FL 32247-0239

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TO:

Join us
Sunday July
17th starting at
3 PM
Baptist Medical Center 8th Floor
Meeting Room C

For information
Phone: 904 396-7827